

INDIVIDUAL SINGLE CONTRIBUTION

FOR PHOENIX WEALTH PENSION FUNDS ONLY

Phoenix Wealth, Unit Linked Life & Pensions, PO Box 1393, Peterborough, PE2 2TP.

When to use this form

You must complete this form if you, or someone on your behalf other than your employer, want to make a single contribution to your Retirement Wealth Account – fully insured option, The Personal Pension or The Section 32. We must receive the contribution before we process this form.

Please note: You can't make a single contribution if you hold a beneficiary pension with us.

1. DETAILS

Your full name	
Tel number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	
Plan/Policy number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Illustration reference number (The bold seven digits of the reference number)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current gross annual income	£ <input type="text"/>
Which one of the following best describes your status?	<input type="checkbox"/> Employed <input type="checkbox"/> Caring for one or more children under the age of 16 years <input type="checkbox"/> Self-employed <input type="checkbox"/> Caring for a person aged 18 years or over <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> In full-time education <input type="checkbox"/> Other

2. CONTRIBUTION AMOUNT

Net amount of your contribution
(We will add basic rate tax relief) £

You must send us a completed **Source of wealth questionnaire** if your contributions over a rolling 12 month period either exceed £50,000, **OR** are between £10,000 - £50,000 and over 50% of the value of your current pension pot.

Is this contribution being made by a third party on your behalf?

☐ No ☐ Yes – the third party must sign section 5 and complete an **Individual Verification Certificate**

Payments can be made by:

- **Electronic payment:**
 - Account Name: Phoenix Life Limited
 - Sort Code: 60-00-01
 - Account Number: 36378739
- **Cheque:** Payable to Phoenix Life Limited

Please use your plan/policy number as the payment reference.

3. INVESTMENT INSTRUCTIONS

Please complete this section to let us know which Funds you want to invest in.

If you don't complete this section we will invest your contribution in the Phoenix Wealth Money Market fund until we receive your instructions on the **Phoenix Wealth – Investment instructions for Phoenix Wealth Pension Funds only** form.

We include details of the Funds in our **Retirement Wealth Account Fund List** and **Individual Pension Plans Fund List**. You can get this from your financial adviser.

Please confirm if you want to invest this contribution based on:

- ☐ Your illustration - as per the illustration reference number provided on page 1.
 - ☐ The same way as your current pension pot. Please note, if you are currently invested in any closed or suspended funds, this percentage will be allocated to the Phoenix Wealth Money Market fund. A fund switch is available into your chosen fund if you want to change this default investment at a later date.
 - ☐ New investment instructions - please complete the table below. The combined total percentage must add up to 100%.

Fund name	Percentage (whole % only)
TOTAL	100%

4. PORTFOLIO REBALANCING

Please complete this section if you want to apply portfolio rebalancing to your investments. You must have more than one fund.

If you choose portfolio rebalancing, your portfolio of Phoenix Wealth Pension Funds will be rebalanced to your original investment allocation or the new instruction given in section 3. You can stop or change portfolio rebalancing at any time by writing to us or by completing the **Fund Switching, Investment Allocation and Portfolio Rebalancing** form. Your financial adviser can also set up and vary portfolio rebalancing instructions online.

Start date (between 1st and 28th of month) / /

Frequency: ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

5. FINANCIAL ADVISER DECLARATION

We will only pay an adviser charge if section 5, 6 and 7 are completed.

Confirmation of advice given

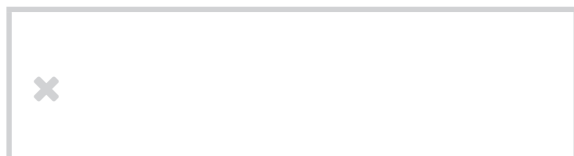
Did you give advice in relation to this form?

☐ Yes – restricted ☐ Yes – independent ☐ No

Has your client opted out of, or declined to join, an occupational pension scheme or group personal pension scheme to which his employer contributes, in favour of making contributions to this personal pension scheme?

☐ Yes ☐ No

Financial adviser's signature:



Date:

/ /

Name	
Name of your firm	
FCA number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	

Note for advisers

Phoenix Wealth doesn't knowingly make unauthorised payments. For an adviser charge to be authorised by HM Revenue & Customs (HMRC) it must:

- Be made as a result of genuinely commercial remuneration arrangements between the member(s) and their adviser for the pension advice given by the adviser to the member(s), and the agreed amount of remuneration is appropriate in relation to the service the adviser has provided in respect of the advice given.
- Any adviser fee must solely relate to advice given in respect of this pension scheme.

By accepting the adviser charges you are confirming that both of these statements apply in relation to them.

6. ADVISER CHARGES PAYMENT REQUEST

Please complete this section to confirm what you have agreed with your financial adviser. For details of how adviser charges can be taken through your plan/policy, please refer to the 'Adviser payments' section of your Terms & Conditions/Policy Provisions.

If you no longer wish to pay for adviser charges through your plan/policy, you can cancel this instruction by writing to us at any time.

6.1 Initial adviser charge

Please complete this section if you have agreed to pay an initial charge for advice you received in relation to this contribution. It can be either a fixed amount or a percentage:

Percentage of the contribution		%
Fixed amount	£	

6.2 Ongoing adviser charge

Please complete this section if you have agreed to pay a regular payment for ongoing advice or services you received in relation to this contribution.

Total payment to be made in relation to this contribution (select one of the following):

Percentage of fund value		%
Specific amount each year	£	
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
What date between the 1st and 28th would you like the first payment to be taken from your plan/policy?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	

Future payments will be made on the same day of the month at the frequency you have specified.

7. MEMBER DECLARATION

For your own benefit and protection you should read your Terms & Conditions/Policy Provisions carefully before signing this declaration. If you do not understand any point, please ask for further information.

It is a serious offence to make false statements. The penalties are severe and could lead to prosecution.

General

I confirm:

- To the best of my knowledge and belief, the statements made in this form, including those not in my handwriting, are correct and complete.
- That my financial adviser has provided me with all the relevant supporting documentation available and that I have been able to make an informed decision based on my personal circumstances.

For contributions

- I understand that I can only make tax relievable member contributions to my plan/policy and that any non-tax relievable member contributions will be refunded.
- I declare that the total contribution to be paid by me or on my behalf to my plan/policy together with any other registered pension scheme in any tax year will not exceed the greater of:
 - the 'basic amount' and
 - the amount of my relevant UK earnings that is chargeable to income tax for the relevant tax year.
- I will write to let you know, by the following 5 April if any event occurs as a result of which I am no longer entitled to tax relief on my contributions. (If the change happens after 8 March, you have 30 days to write to us)
- I declare that contributions will cease by my 75th birthday.
- I confirm that I have earnings on which UK tax may have to be paid or I am a relevant UK individual.

For adviser charges

I confirm:

- My financial adviser has provided me with information on adviser charges and I have agreed with my financial adviser to pay the adviser charges.
- I authorise the scheme operator/provider to facilitate the charges through my plan/policy as set out in this form.
- I have read and agreed to the Terms & Conditions/Policy Provisions in relation to adviser charges to be taken through my plan/policy.

I understand:

- This instruction is subject to the Terms & Conditions/Policy Provisions of my plan/policy.
- The adviser charges will be deducted from my plan/policy, when there is sufficient value in my plan/policy to cover the payment in full.
- If HMRC advises that any adviser charges paid from the plan/policy are inappropriate, I may incur a tax liability for an 'unauthorised payment'.
- I should contact my financial adviser in the first instance to discuss any adviser charges that I disagree should have been applied to my plan/policy.

- I can cancel this instruction to pay adviser charges from my plan/policy at any time by writing to the address shown on the front page of this form.
- Until the scheme operator/provider receives written notification to cancel this instruction, the scheme operator/provider will continue to make the payments set out in this form to the financial adviser named in section 4.
- If I change financial adviser, cancel payment of any adviser charges from my plan/policy, cancel my application for the plan/policy within the cancellation period or in any situation where it is not reasonably possible for the scheme operator/provider to facilitate a payment, it will be my responsibility to settle any outstanding or future adviser charges due with my financial adviser.

Financial Crime (verifying your identity to prevent Fraud & Money Laundering)

To verify your identity and prevent financial crime we may use and share your information with any company within the Phoenix Group, with companies who work for us and with appropriate organisations.

We may also search, send your details to, and use information from third party verification service providers and financial crime and credit reference agencies (Third Parties). This involves checking your details against databases these Third Parties use. The Phoenix Group and these Third Parties may keep a record of the search, the results of the search, any suspicions of financial crime and the details may be used to assist other companies for verification and identification purposes. This search is not a credit check and your credit rating should be unaffected.

By signing this form you are giving your consent to these activities which will make it easier for you to do business with us and help prevent financial crime. For more information, please write to the Money Laundering Reporting Officer, By signing this form you are giving your consent to these activities which will make it easier for you to do business with us and help prevent financial crime. For more information, please write to the Money Laundering Reporting Officer, 10 Brindleyplace, Birmingham, B1 2JB.

Signature:

×

Date:

/

/

Third party contributions

If you are making a contribution on behalf of the member you must give us the details below. We must also receive an **Individual verification certificate** completed on your behalf.

I confirm:

- I confirm I agree to pay the amount indicated in this form to Phoenix Life Limited.
- I understand I am subject to the Financial Crime wording above.

Full name	
Date of birth	<div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div><div></div><div></div> </div>
Signature	×
Date	<div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div><div></div><div></div> </div>